Two Indispensable Combinations in Hospital Work

By

A. S. KAVANAGH, D.D.

Superintendent Methodist Episcopal Hospital, Brooklyn, N. Y.

Reprinted from the January and February, 1914, Numbers of

The Trained Nurse and Hospital Review

Two Indispensable Combinations in Hospital Work*

A. S. KAVANAGH, D.D.

Superintendent Methodist Episcopal Hospital, Brooklyn, N. Y.

IN MY office stands a remarkable teacher, sullen, silent, relentless, like a sentinel clad in armor, as if questioning my right on the premises. I speak of my hospital safe. It contains many things of value, such as contracts, plans, bonds, histories and documents of various kinds; in fact, everything except money, which, as a rule, does not tarry long enough for "safe" keeping.

When a decade or so ago we first became acquainted with our austere friend and learned something of his importance, we determined that the most cordial relations must be established between us with as little delay as possible.

Accordingly, we undertook the task of mastering the talismanic combination by which those iron doors might be induced to swing open. After the necessary instructions we gently turned the knob forward, then backward, then forward again, then all around, recalling the experience of a well-known New York banker of a generation ago, who spent half an hour trying to open his safe, and was about to give up in despair, when he discovered that he was spelling the combination word, boot, "b-u-t-e." Though that "boot" was a "bute" it could never open his safe; but when, by the aid of his secretary, the proper combination was used, the door swung open as if by magic.

Even with the right combination I found it no easy task, and more than once should have met with defeat if it had not been for my secretary. In those early days of my superintendency I discovered that there is a rare combination which every superintendent must learn in order to attain any reasonable degree of success.

If I mention a few of the items in this combination, it will not be with the claim that I have mastered them, but, rather, to indicate the lines of my personal endeavor.

And first of all is that reticent, elusive grace of patience. Oftentimes have I thought of the old rhyme and recited it for my own encouragement:

"Patience is a virtue, try it if you can;
It is seldom found in woman, and never found in man."

I need scarcely say that a nervous, excitable, impatient official would find it extremely difficult to adjust the combination. Here is where some of us fail. Somebody says that "when a lawyer loses his temper he is very apt to lose his case." That undoubtedly is true; but when a superintendent loses his temper his case is lost already. Let us make no mistake—patience is the combination.

And so is exactness. You may be within a hair's breadth of being right when turning the knob, but it won't do. You might as well be a hundred miles away as the hundredth part of an inch.

It is just as well to get that fact indelibly fixed in one's mind. The business world understands this. The bookkeeper in the bank or mercantile house knows he must hunt for hours to find a missing nickel. There can be no correct balance until he finds it.

Years ago, when I was a boy, I knew a tool maker in New York City who was receiving *four* dollars per day, which was large wages for those days. It fell to his lot

* Read at the Canadian Hospital Association Convention, Toronto.

362.1
N17t

to make drills for the oil wells in Pennsylvania. Every drill bore his initials. One day a gentleman from the oil fields arrived in New York, and offered him *ten* dollars a day to superintend the making of drills in a foundry in Pittsburgh. He accepted, and a year later was re-engaged at twice the salary. Why this splendid good fortune? The explanation is this. It was a well-known fact that the drill which bore this man's initials wore out, but never broke.

In the man or woman who is superintending a large or small hospital, there must be an exactness which spells thoroughness. A justice and fairness with employees, patients, doctors and nurses which will inspire all fair-minded people with confidence in the superintendent as the executive officer of the institution, and in the institution itself. Laxness, indifference, procrastination, unkept promises spell failure for the superintendent.

From the very first, in my effort to master the combination, I learned that patience and exactness in the ordinary were not enough. To these virtues must be added perseverance. You may have worked out the combination correctly, as you supposed, only to discover that you have to begin over again. You didn't quite make it, but you cannot afford to stop; you must try again, and yet again. Your patience may have to be reinforced by downright perseverance, and then you will win.

This, as you know, is true to actual life. Many a battle has been won by just a few more shots; many a picture made perfect by a few more touches, and many a patient has been saved because the doctor, or nurse, or both, refused to surrender. Every efficient superintendent will have unrealized ideals. His motto must be: "I count not myself to have apprehended; but this one thing I do, forgetting those things which are behind, I press toward the mark for the prize." It's a great calamity when any of us feel that the prize is behind us. Perseverance is in the combination and is the prize winner.

There are many more things in the combination, but these few characteristics must be found in every superintendent who achieves a respectable degree of success.

Up to this point I have used the word superintendent repeatedly. You may take that word out, if you will, and insert the word physician, or surgeon, or directress of nursing, or the head of any department. There is no success worth while in any department without the mastery of this combination.

And now, turning from this combination, which makes individuals efficient, let us examine the combination which will make the hospital in the highest sense successful. And here, as every superintendent will understand, the right combination is realized only by the proper and proportionate recognition and development of each department.

For example: No hospital can be efficient in the highest sense whose business interests are not properly conducted; and this is often more difficult than running a banking institution. In the bank every man is an expert, from the president down to the policeman at the door. In a hospital you have to deal with a score or two physicians and surgeons whose appointments outside must be kept, and whose duties in the hospital often overlap, because of emergencies which arise in their own practice, or in the work of the hospital.

Then there is a houseful of patients, private and public. They are ill, or they would not be there, and that means nervousness, complaints, unreasonable demands of friends, bills to be collected; some are free, some are partially free, and some pay in full. But there must be no mistake in the bookkeeping. The slightest mistake is unpardonable when nervous patients, or their more nervous friends, are involved.

Then there are nurses, several score.

They have come from homes where their independent spirit was never checked; and they, too, involve bookkeeping. Books, board, uniforms, etc., are necessary for each nurse.

Then you have the help—orderlies, porters, maids. Well, in a word, it is not a bank, with experts at every desk; it's a mixed multitude with which you have to deal; and, singularly enough, many of them feel because it is a charitable institution, business methods are almost out of place. This is not always so honestly expressed as it was by one of our women employees when we installed a time clock. She said, "It was all right for a business house, but had no place in a charitable institution." Now, as a matter of fact, there is no place where strict business methods should be more in evidence than in a hospital. There are so many different interests and so many indifferent people, a strong organization must be maintained. We are handling the sacred gifts of hundreds, perhaps thousands of people, living and dead. To carelessly waste a dollar is to prove ourselves unworthy of the trust reposed in us.

In some places a buyer or purchasing agent has a free hand. The doctors, the nursing department, the housekeeper, all press their supposed needs. In some hospitals they occasionally have the privilege of placing their own orders. What a temptation it is for a surgeon to order something new when he visits a well-stocked supply house, and what a temptation for an agent to push his trade by a discriminating distribution of samples among physicians, some of whom seem willing to sell their influence for what, after all, is but a trifle.

I have two rules which protect our hospital against these conditions. First, all orders must be signed by the superintendent. There is no exception. Once or twice a doctor has ordered something he needed in his department, and the bill has been sent to the hospital. I have always returned it. It must be collected from the doctor. Once or twice I have handed the doctor the amount of the bill afterward; but in the first place it was settled by the doctor.

It is our purpose to make clear to the physicians that there is only one person authorized to make purchases for the hospital; but what is more important than that, to teach the commercial houses that orders other than those from the superintendent must not be honored.

The other rule I observe is this: I will never give an order to a salesman who comes to me with a long list of recommendations from my staff, for I have discovered that often to get rid of him and thus save time, a doctor has given a mild endorsement, which assumed very large proportions in the mind of the agent.

By this method of procedure the equipment of the hospital does not suffer in the slightest degree, for the doctors have a very persistent way of making their wants known.

The American Hospital Association could have rendered no more important service than it did by adopting and recommending a uniform system of accounting, which has been adopted by many hospitals throughout the country, and making possible a fairly satisfactory comparison of the work, the income and the expenditures of similar institutions.

History keeping is an exceedingly important matter in a well-regulated institution. It has been my privilege to watch the evolution of history keeping for twelve years in our own hospital.

We were proud of our histories and had reason to be. A physician, not of our own staff, recently writing upon the early treatment of appendicitis by operative procedure, spoke of the exactness of our records of the disease and its treatment.

In some particulars we cannot claim to surpass those early days, and yet I am sure decided improvement has been made. A

few years ago our hospital was threatened with a law suit which drove us to a close study of a certain history. We discovered that it had absolutely no legal value. It was written by an interne from his notes, perhaps after the patient had left the hospital. It was supposed to be done promptly but it didn't have the ear-marks of promptness. It was neatly typewritten and bound in morocco; but as a legal or an exact document, it was not worth its splendid binding.

As soon as we had gotten out of our difficulty, the board of managers voted two things—first, to do away with the custom of typewriting the histories, and, second, to insist that completed histories shall be brought down to the office with the discharged patient, a finished product, to be bound as brought down without any change whatever. Thus the history becomes a document of legal value; and reliable, too, as an exact record of the case from day to day.

But the importance of having the business of the hospital thoroughly organized reaches far beyond the bounds of the hospital. Every doctor, nurse, employee and patient affected will be better equipped for their own business or professional affairs, because of the rules and regulations to which they are subjected.

I shall never forget the simple remark of a poor woman, for whom we had done little or nothing in a medical way. When leaving the hospital she said: "I shall be a different woman because of the regular life I have lived here, and the systematic, orderly arrangement of the work, as I have observed it." The business methods of an institution have a far-reaching influence.

The organization of the professional work of the hospital is another element in the successful combination. Here are difficulties of large proportions. The idealists would have one physician-in-chief, and one surgeon-in-chief, and all the others as associates or assistants. This scheme may work well when the chief is a man of such outstanding pre-eminence as to hold undisputed his high position; when his associates are so far below him in the ranks that they would not think of disputing his authority.

But when a staff is composed of strong men of decided individuality, then the position of chief often is nothing more than an empty honor, or a constant irritant. Strong men will not with good grace accept dictation from one no stronger, though possibly older, than themselves.

And yet to all this there may be some striking exceptions. Possibly the college hospital needs this kind of an organization for the unification and supervision of the whole work; but, as a rule, the average surgeon is an independent personality, and will desire to remain such.

Then there is the question of opportunity for young men, and of efficiency for both young and old. It is very seldom one hears of the resignation of an attending physician or surgeon without feeling that there is some sort of trouble in the camp.

In a remarkable address delivered by Dr. Howard Kelly, of Baltimore, a few years ago in Brooklyn, he suggested that the cause of medicine and surgery would not suffer if the older men who were serving several hospitals should withdraw from some of them, or should cease their hospital work altogether, and give the younger men a chance.

Without waiting for the older men to develop this altruistic state of mind, and in order to properly encourage it, not a few hospitals have adopted an age limit for their physicians and surgeons.

And I think it is now quite noticeable that boards of trustees are beginning to take a more active interest in the selection of men. Of course there is some danger that the family physician, or personal friend, may receive too much consideration by this method; but the trustees will tell you that there is less danger than in the old way of making appointments, when a few men, perhaps one or two, controlled the matter.

In many places appointments have been of the legacy sort. An attending physician appoints a favorite as his assistant. He may or may not be the best available. Later, upon the death or resignation of his chief, the name of the assistant is presented to the trustees and strenuously urged because of his long service. It is perfectly clear that this policy has excluded applicants of a superior character who were not close to an inner circle.

It is quite conceivable that a sensible board of trustees, unbiased, unpledged, entirely free from prejudice, like a jury unfamiliar with technicalities but capable of understanding facts, might succeed in making better appointments than men of long-time professional relationships.

Within the past year the hospital of which I am superintendent has adopted a rule that "assistants to attending physicians and surgeons must be selected from those who serve in the dispensary of the hospital, except by special vote of the executive committee."

This rule is a distinct recognition of the services rendered by the dispensary men, whether they belong to our own alumni or that of some other hospital. It puts them in the line of promotion, and is a guarantee to all that ability and service, not pull, will count in appointments.

Then again, no one can read the hospital reports that come to his desk without observing the constant effort to improve the character of hospital work.

In the Massachusetts General Hospital in Boston a new method of organization is being tried out, which is exceedingly suggestive. The patients are being classified according to their diseases, and assigned to a physician or surgeon for the time being specializing in their particular difficulty.

For example: To one is assigned all cases, say, of heart disease in its various forms. To another rheumatic difficulties. To one surgeon all cases of hernia; to another all cases of appendicitis. Each physician or surgeon is assigned one hundred cases of the particular disease he is treating, and when he has rounded out the allotted number, he is expected to make a written report. Then a different line of cases will be assigned him.

By this method it is thought that each man will become particularly expert in the handling of a particular disease, and thus the best results shall be secured. The tabulated results of a year or two will be awaited with much interest.

A few months ago our hospital adopted a plan which as yet is too new to furnish any data. The board of managers authorized the executive committee to expend a sum not to exceed one thousand dollars in any one year, in publishing papers or reports of our attending physicians and surgeons, either as individuals or in collaboration in the same department. Such papers, when written by individuals, to be based upon their treatment of fifty patients suffering from the disease considered. When the paper is the joint work of several men in the same department, one hundred patients must form the basis.

If the attendings become interested in this scheme, it will mean closer attention on the part of house staff, nurses and attendings; and last, and best of all, the patient will be the gainer.

Furthermore, it may be added here, a well-developed and highly efficient medical and surgical department will have an influence upon the work of other hospitals.

This very week the leading surgeons of Brooklyn meet at our hospital for an evening of discussion and review, as they meet from time to time in the different hospitals.

At the meetings of the medical and surgical societies all important cases are discussed, as also in the medical journals. Thus, every physician in the country and every patient of every physician is enriched by the work of any well-organized medical or surgical service. And that object every worthy institution must have in mind.

There is another department which must also be considered here; one which is indispensable in the work of the hospital. I refer to the nursing department. I need not say that this is a live wire, and any one who ventures here is in danger of electrocution; but as we have taken some chances before and escaped, we are emboldened to take a few more risks.

There are many angles of vision as we approach this subject, and many interests involved. The women who have made it their life work have a right to be tremendously interested, and perhaps they are not to blame when they consider the man who meddles with their affairs an intruder, which they do, except when he happens to agree with them.

It should also cause no surprise that physicians should feel a positive interest in the question, when the relation of the nurse to them and to their patients is considered.

The trustees who have invested millions of dollars in the hospital buildings and equipment, and in nurses' homes, and who know the praise and blame accorded the nurse for her hospital and private work; and who, from practical experience with nurses in their own families know more about these matters than the nurses suppose, think that they, too, have some rights in the premises.

Finally, the State claims a right to determine just what instruction a pupil nurse shall receive.

The grievance of physicians and trustees is not that the State assumes these rights, or that it confers with nurse leaders; but that in many places it ignores both trustees and physicians in their deliberations and conclusions.

In our cities the boards of education are composed of men and women who are not technically equipped to teach, but who are supposed to have some sound sense in determining educational matters. The teachers cannot determine either the policy of the education board, or the curriculum of the schools.

This principle is acknowledged, too, in nursing matters in New York State where the Board of Regents, laymen for the most part, have the final word on all nursing questions. There is a difference, however.

The nurses become the advisors of the regents, while trustees and physicians are excluded. The nurses, while magnifying the importance of the training school as a school, do not wish to be classed with teachers. They prefer to be ranked with physicians. And they claim that as physicians determine the policy and curriculum of medical colleges, subject to the State, nurses should determine the policy and curriculum of training schools.

The doctors, however, will not admit the analogy. They say, while the vocation of the nurse is highly honorable, it cannot rank with their profession; for the physician is an independent workman, while the nurse cannot give so much as a placebo without his permission or order.

The nursing question is immensely embarrassed today, also, by the outspoken, able and determined opposition of the nursing leaders to the present method of training school organization.

In nearly all hospitals the training school is considered a department. This is not satisfactory to the nurse leaders. It must be divorced and stand alone, independent of the hospital management. To this end the nurse leaders are committed.

Lest you consider this language too strong or that I am mis-stating the facts, even in the slightest degree, let me quote from Miss M. Adeliade Nutting.

In her paper on "The Educational Status of Nursing," she says: "The principle of absolute control by the hospital is unsound, and in practice it does react unfavorably upon the education and training of nurses." Again: "The first step toward developing proper schools of nursing lies in separating

them from the hospital and its control, and placing them upon an independent basis."

Again: "Whether the freedom of the training school is brought about by means of endowment or by State or municipal aid, does not matter. The thing to be secured is a separate government for the training school."

Surely no writer could be more frank or explicit; and in this particular she has done well; for now trustees and training school committees who desire to install supervisors and head nurses who will disrupt harmonious arrangements in their hospitals, will apply to Miss Nutting for some of her graduates. To anticipate any other result from her classroom work is to underestimate the sincerity, ability and earnestness of the teacher.

The logical outcome of this propaganda can already be discerned in the recognition which is given in official quarters to the training school, instead of to the hospital of which it is a part.

In New York City many of the leading hospitals, observing this fact, have requested the various outside interests to address all communications to the superintendent of the hospital, as the representative of the board of trustees, and not to the head of a department.

And as the usual title of the nurse in charge might be confused with that of the superintendent of the hospital, who is the superintendent of all its departments, several hospitals have changed her title from "superintendent of training school" to "supervisor or directress of training school." It seems quite evident that the trustees in Greater New York do not intend to let nursing matters drift along any further without their attention.

Now let it be frankly admitted that there is much to be said in favor of an independent training school for nurses, and we should hail its coming with great satisfaction, whether founded by city, State, or private endowments. Its whole business would be the work of education. It would relieve the hospitals, which were founded primarily for the healing of the sick, from the pressure upon them to make that work secondary and the training of nurses first. And it would give the nurse leaders an institution which they or their friends could manage to suit themselves, and save them from the ungrateful task of forcing endowments given for one purpose to be used for another end.

Trained, as to theory, in such a school, they would come to the hospital for practical work, as the young internes, who come because they desire the service it offers, and who come with respect for trustees, physicians and all officers of the institution. In this way an honorable young woman would come to complete her training, which she might accomplish in a year or so.

We are glad to record that, notwithstanding Miss Nutting's antagonism to the present method of training school organization, yet a sense of justice impels her to acknowledge "that the immediate advantages of the present system do not lie wholly with the hospital, for the student receives, without incurring any expenses for tuition, books, board, lodging, laundry and usually uniforms, such education and training as the hospital is prepared or willing to offer. And this, even when poor in character, and meagre in amount, is always of definite material value to her; enabling her, as a rule, to become self-supporting as soon as she leaves the hospital."

She might have gone further and said what most hospital executives know to be true, that a nurse, for the various articles and provisions enumerated by Miss Nutting, costs the hospital at least $500 a year, and that when she leaves the hospital she is able to earn twice and, in many cases, three times as much as when she entered.

There can be no question that, taking the opening and the closing months of a nurse's course, her cost to the hospital and her in-

creased earning power while in training, she is fully compensated for service rendered.

The nursing question is embarrassed, also, and the hospital accordingly, by unnecessary legislation. That some legislation is necessary no fair-minded person will question. That reasonable legislation has already accomplished great good is not a subject for argument.

The nurse leaders point with just pride to the large number of States where registration has been secured. Its achievements need not be recited here, for they are not disputed. But it should be remembered that legislation cannot accomplish everything, and often is wholly unnecessary.

For example: Some States have tried by high legal requirements to force up the nursing standards. To quote the tables used by Miss Nutting: Six States have, as an entrance requirement, a high school course, or its equivalent. Those States are North Carolina, Maryland, Indiana, West Virginia, Oklahoma and Delaware.

But what are the facts in the case? How many of them obey the law? Well, the government at Washington called for a report, and you can depend upon it each school made the best showing possible.

We have seen that Maryland, by law, requires a high school diploma, but only 10 out of 20 reporting claim to have complied with the law; while in Connecticut, where there is no law, 11 out of 17 reporting require a high school diploma.

Or, take North Carolina, which by law requires a high school diploma—only 5 out of the 24 schools reporting complied with the law, while in New Hampshire, without any law, 6 out of the 14 reporting require a high school diploma.

Take New York State, where there has been, perhaps, the greatest expenditure of effort to raise the standards, especially by law; there is a one-year high school requirement, but every school is free to place its entrance requirement as high as it wishes, and yet only 8 schools out of the 123 reporting require a high school diploma.

By the side of that put Massachusetts, without an entrance requirement, where 33 out of the 66 reporting require a high school diploma.

Or, take Pennsylvania, another large State without a requirement by law, yet 37 out of 115 reporting require a high school diploma.

Now, what does all this mean? Why, that the hospitals themselves are more interested than the State, or the State Nursing Association, in raising their own standard. It means, also, that legislation cannot force hospitals to do the impossible.

From the standpoint of efficiency the one year in high school requirement seems to many to be a complete failure. By so much as this law is enforced, it is seriously injuring the quality of the service being rendered in the hospitals. One year in high school frequently means intellectual or physical incapacity. More than half the girls and boys who leave high school after one year, leave for intellectual or physical reasons; but if the girl is physically well, the State is satisfied with her intellectual inferiority. If, however, she is accepted, either with one year or all the years of high school, she must be received quite young. The result is that we are receiving a great many young girls who are altogether too immature to care for patients, and we are rejecting women who were compelled, after leaving the grammar school, to go out into the world to support themselves or dependent members of their families. We forget that those years in business matured them and gave them an experience that one year in high school could never give. The charge that they would lower the social standing of the profession is too unworthy to be mentioned, as well as an insult to hosts of women who are now rendering efficient service as nurses, and yet never entered a high school. Under the present one-year rule, we have lost largely

this class of women, which were at one time available. Education is immensely desirable, but the nursing spirit and maturity more.

If the State should let each hospital settle its own admission requirements for itself, and then classify hospitals accordingly, by this means it would improve without embarrassing the nursing of the State.

The attempted legislation at Albany last winter, if successful, would have wrought great injury to the nursing profession, as well as to the hospitals. The nurse leaders were willing to admit into competition with well-trained nurses a host of women whose training was far below proper standards; all for the sake of having legal limitations placed upon the word "nurse."

They were also anxious to have registration of nurses and hospitals made compulsory, which would greatly embarrass many hospitals, and a host of worthy women.

While this law was recommended by the standing committee, it was amended so thoroughly by the Senate that its friends could hardly recognize it. It was finally put out of commission by the rules committee. It will probably appear again, and if in the old form, very likely will receive no better treatment.

There was no time throughout the discussion when the committees which represented practically all the hospitals and all the medical associations in Greater New York, would not have sat down with the nurses and tried to agree upon a just and equitable bill for the opposition which the committee presented was not of their liking but of necessity, but those backing the bill would give no quarters; it was all or nothing—and at Albany it was nothing.

As one looks over the nursing field and reads the reports from the nursing conventions, he is firmly convinced that militancy is in the air. The great questions are not the healing of the sick nor the personal character of the nurse. No, they are substantially these: "How shall we secure more efficient legislation? How can we evolve the training school into an independent organization?"

In the midst of this confusion two great movements stand out in bold relief, which have for their object the welfare of the masses. One of the movements has for its object the highest possible education *of all nurses*.

While in some States the standard has been raised, so that applicants must hold a high school diploma, and other States have a one or two years in high school requirement, thus raising the standard of a few, a committee appointed a year ago by the American Hospital Association, and continued another year, for further work, is preparing a plan to raise the standard of nursing all along the line.

Following the lead of our public schools, it has proposed three grades: Grade *A*, for the full-fledged graduate, who has met all the requirements of State and hospital.

Grade *B*, which has had at least one year of theoretical work, and

Grade *C*, which has had some of the preliminary work of Grade *B*.

Thus the nurse who had completed Grade *C* could, if she wished, and had the time, continue the work of Grade *B;* and the nurse in Grade *B*, if she found time, and had ambition, might go on with her work, and master Grade *A*, and graduate.

In our school at this moment is a girl who graduated in the Young Women's Christian Association course, and having got a taste wanted more, and has now taken up the regular course with us.

Thus the plan is intended to improve all grades of nurses. It is quite possible that this scheme may be improved. Personally, I should put a premium upon a high school diploma by granting registration without an examination, save in practical subjects, to all who held such diplomas.

Very much to the same purpose was the

report of Miss Mary E. Gladwin, at the sixteenth annual convention of the American Nurses' Association, which was held at Atlantic City last June. She said that "Registration would never be a success, and would never attain the end desired, until all classes of women who are in any way concerned with the nursing of the sick are registered; and that we should register not only the nurse, but the practical and experienced women who are doing nursing."

A little later in the meeting Miss McIsaac said: "Miss Gladwin made one point in her report which I think was not exactly clear to some of the delegates; that was the recommendation about registration of various grades of nurses. As she stated it, it might be interpreted as recommending the same registration for all grades of nurses. I am sure that it is not what she intended to say."

To this Miss Gladwin replied, amplifying and re-emphasizing her previous statement. She said: "We feel very strongly that every one who has anything to do with the nursing of the sick should be registered, and that they be registered in classes. We feel that there is a place for a woman who calls herself an attendant, a practical or an experienced nurse, and that she should be helped and protected in every way, and should be supervised. And we feel that the distinction between the nurse and the experienced woman, or the practical nurse who takes care of the sick, can best be made and best be maintained if we register all classes of women."

Now this report of Miss Gladwin is along the same lines as the report which was submitted to the American Hospital Association. There is this difference, however. Miss Gladwin did not attempt to outline an exhaustive plan, but simply emphasized the necessity of recognizing the different grades of nurses.

The American Hospital Association report undertakes to work out a feasible plan.

The other movement to which I referred is that which has for its object to provide nursing care for the sick poor, and those in moderate circumstances.

We have all talked about this. In our American Hospital Association we have discussed it, and so have the nurses in their gatherings. All sorts of plans have been suggested. We have overworked what has been called the "book of resolutions," and neglected the "book of acts."

Nurses have been criticized unjustly, it seems to me, because following the example of the doctors, they don't do more free work. To which a very just reply has been made—that no comparison can be instituted between them at this point. The doctor makes a score of calls, and collects from most of them. He doesn't surrender the entire day to charitable work, which the nurse, in all probability, would have to do, if rendering any free service at all in a family, and of course she cannot afford to do that; and for any one to insist that she should is being generous with some one else's money, for time is money. The thing that is most open to criticism is the trades-union spirit, by which her price is standardized. The charge of trades-unionism has been resented with great heat in the past, but its severest criticism and strongest defense have come from the nursing ranks.

No one will question the high standing and authority of Miss Sophia Palmer, the editor of the *American Journal of Nursing*. Here is an excerpt from an editorial in the *Journal* a few years ago. She says: "The rich are provided for in times of illness, because they can pay; the poor are provided for because some one pays for them; but the well-to-do mechanic and the families of small salaried clerks and professional men must get along with either no nursing at all, except what can be done by members of the family, or be cared for by untrained women."

And again: "So long as the great nursing body leaves the well-to-do middle class un-

provided for, we must expect the short course schools to continue to flourish, and criticism either of the people who organize such school, or the physicians who employ such nurses, or the patients who must be satisfied with such service, is useless and inconsistent. *The evil which is at the bottom of this situation is in the fixed, arbitrary trades-union rate of charge.*"

She further says in the same article: "While the great nursing body provides service only for the rich who can pay and the poor who are paid for, we have little claim to call ourselves a profession, for with the profession goes the obligation of service to others first, and money must be a secondary consideration."

The sound common sense of this editorial in attacking the trades-union spirit, and the standardized salary, is commendable, for it would seem that a nurse might take into consideration the condition of patients as well as their circumstances, for some cases are less taxing than others. They often mean a time of convalescence, or of travel and recreation; while others wear a woman down physically, nervously and mentally.

But I am afraid that this editorial does not represent the position of the nurse leaders of today, for we find Miss Lavinia L. Dock at the Atlantic City convention making this statement:

"As to wages, our conscience is clear. We know that we must not *undersell; that this is treachery to fellow-workers*, and helps to drag down even remote classes of such. *Be it frankly admitted that this is a fundamental principle of unionism, and a most necessary and indispensable one*, so long as we have our present social system."

Now it is evident from all this that Miss Palmer was right in anticipating the coming trades-union, with trades-union prices, a fact which has been confirmed by Miss Dock.

This evolution of nursing affairs demonstrates clearly that the philanthropists who would help their brothers in distress should no longer depend upon the resolutions of a philanthropic kind voted in a convention of nurses, or in the American Hospital Association, or anywhere else; but should proceed to lay their own plans for the work they desire to do.

That, as I understand it, is what the Thomas Thompson Trust is trying to do. It looks out upon the field, and sees that graduate nurses do not feel that they can afford to cut their price to meet the needs of the great middle class, which in turn cannot afford to hire a graduate nurse at standard prices.

It sees, also, that multitudes do not need the graduate nurses and that for numerous cases the practical nurse is fully qualified. It sees, also, that some need half nurse and half housekeeper, and it undertakes to meet these different conditions.

I could wish that this plan went further, so that it would look after not only those who could pay for what they receive, but the poor who can pay nothing.

But I must not press this criticism too far, for I claim that if men found a hospital primarily for the care of the sick, it is indelicate, at least, to try to change the purpose of that foundation. So we should not criticize the Thomas Thompson Trust for not going further. They have a well-defined purpose in view, and as they fully realize it, which we earnestly hope they may, they will be a great blessing to multitudes whose burdens and embarrassments will be greatly lightened.

Ladies and gentlemen, hospital work is not a narrow one; it is as broad as the ills of humanity, and as far-reaching as I have indicated this afternoon, and further. Only the perfect combination of interests and departments in the hospital, and extending beyond the doors of the hospital, can make such work in the highest sense successful.

3 0112 061925027